

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

SENT

**FILED**  
Feb 20, 2008 08:00 AM  
Secretary of State

**DOCUMENT # L04000042673**  
1. Entity Name  
SOUTHERN TRIM SERVICES, LLC



Principal Place of Business  
6960 SW 19TH AVENUE  
OCALA, FL 34476

Mailing Address  
P.O. BOX 4308  
OCALA, FL 34478

**DO NOT WRITE IN THIS SPACE**



02152008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-1218403	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required *

6. Name and Address of Current Registered Agent

DUANE, ROBERT B  
6960 SW 19TH AVENUE  
OCALA, FL 34476

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000833541  
02/28/08-80018-001 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUANE, ROBERT B 6960 SW 19TH AVENUE OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *Robert B Duane* 2/15/08 352-237-8105  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #